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		Application Number	10/017,640				
TRANSMITT	ΆL	Filing Date	December 14, 2001				
FORM		First Named Inventor	William Matz				
(to be used for all correspondence	e after initial filing)	Art Unit	3629 J. P. Ouellette				
(15 55 555 151 611 651 651 651 651	arto, militar mility	Examiner Name					
Total Number of Pages in This Submission	n: 7	Attorney Docket Number	BS01342				
	ENCLOS						
	(Check all t	hat apply)					
<ul> <li>☐ Fee Transmittal Form</li> <li>☐ Fee Attached</li> <li>☐ Amendment/Reply</li> <li>☐ After Final</li> <li>☐ Affidavits/declaration(s)</li> <li>☐ Extension of Time Request</li> <li>☐ Express Abandonment Request</li> <li>☐ Information Disclosure Statement</li> <li>☐ Certified Copy of Priority Document(s)</li> <li>☐ Response to Missing Parts/Incomplete Application</li> <li>☐ Response to Missing Parts under 37 CFR 1.52 or 1.53</li> </ul>	Drawing(s) Licensing-related Pal Petition Petition to Convert to Application Power of Attorney, Re Change of correspon Terminal Disclaimer Request for Refund CD, Number of CD(s) Remarks:	a Provisional evocation ndence Address	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below): Credit Card Payment Form				
SIGN	ATURE OF APPLICANT	, ATTORNEY, OR A	GENT				
Name (Print/Type)	Bambi Faivre Walters		<b>leg. No.:</b> 45,197				
Signature	Shi de Wa	Her					
Date July 8, 2005							
CERTIFICATE OF TRANSMISSION / MAILING							
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below.							
Name (Print/Type)	Maureen M. Pettine	Date July 8, 2005					
Signature	M. Da	Det:					

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: William Matz et al.

Group Art Unit:

3629

Application No.:

10/017,640

Examiner:

J. P. Ouellette

Filed:

December 14, 2001

Title:

"System and Method for Identifying Desirable Subscribers"

VIA FACSIMILE 703-872-9306

Attn: Examiner J. P. Ouellette

### 37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on: July 8, 2005 (date of transmission).

Maureen M. Pettine
Name of Person Faxing This Paper
Maurae M. Fettene

Date of Transmission

#### INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached Forms PTO 1449 (p. 1).

This Information Disclosure Statement is being submitted after the mailing of a first Office Action in this application and therefore, the certification fee is believed to be required (37 CFR § 1.97b(3)).

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180.00 Op

It is respectfully requested that the references listed on the attached form be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,

Bambi F. Walters

Attorney for Applicants Registration No. 45,197

P. O. Box 5743

Williamsburg, VA 23188 Telephone: 757.253.5729

Date: July 8, 2005

# RECEIVED 17572535FNJRAL FAX CENTER P. 4

JUL 0 8 2005

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	E IKAI	<b>NSMIT</b>	IAL	Application Number	10/01	17,640	
			<u></u>	Filing Date	Dece	mber 14, 2001	
	for F)	2005		First Named Inventor	Willia	m Matz	
	. •	• • •		Examiner Name	J. P.	Ouellette	
Applicant clair	ms small entity status. S	iee 37 CFR 1.27		Art Unit	3629		
				Attorney Docket No.	BS01	342	
TOTAL	AMOUNT OF PAY	MENT	\$1B0.00				
☐ Check ☑ Cr ☐ Deposit Accou The Director Is as	int uthorized to: (chec	y Order II None Deposit Account N		Deposit A	ccount Name		· .
<ul><li></li></ul>		derpayments of fee(	s) under 37 CFR 1.10	6 and 1.17		ge fee(s) indicated below, exc any overpayments	cept for the filing fee
			FEE C	ALCULATION			
1. BASIC FILING	S. SEARCH, AND E	KAMINATION FEES			<del></del>	,	
		NG FEES		ARCH FEES		EXAMINATION FEES	
Apolication Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility <sub>.</sub>	300	150	500	250	200	100	
Design	200 .	100	100	50	130	65	
Plant	200	100	300	150	160	80	·
Reissue	300	150	500	250	600	300	
Provisional	200	100	0.	0	Ö	0	<del></del>
2. EXCESS CLAIN Fee Description	M FEES					Fee (\$)	Small Enty Fee (\$)
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	claim over 3 (includ		•			50 200	25 100
Multiple dependent		g · · · · · · · · · · · · · · · ·				360	180
Total Claims		Extra Claims	Fee(\$)	Fee Paid (S)		Multiple Depende	
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ID-Else.						· <del></del>	
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ndep, Claims		Extra Claims	Fee (\$)	Fee Paid (\$)		•	
		ms paid for, if greate	x er than 3	=			-
<ol> <li>APPLICATION : the specification and</li> </ol>	d drawings exceed 100	) sheets of paper (excl	uding electronically file	d sequence or computer to	stinos under 3	37 CFR 1.52(e)), the application	elzo foo duo la 8250 00
4 . 20 IOI SITIAL CITELY)	for each additional 50	Susanz of Hachou (ue)	eof. See 35 U.S.C. 41	(a)(1)(G) and 37 CFR 1.16	3(8).	or or mortoly are apparent	5125 166 QUO 18 4250.00
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OTHER FEE(S)	- 100 =	<del></del>	/ 50	(round up)	х	·=	
	cation, \$130 fee (no	small entity discour	·				Fee Paid (\$)
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UBMITTED BY:	<u> </u>	- THE PARTY OF THE	·			Complete (if applicable)	\$180.00
lame (Print/Type)	Bambi F. Walte	eia ei	Registration No. (Attorney/Agent)	45,197			(757) 253-5729
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FEE TRANSMITTAL for FY 2005			Application Nur	nber	10/017,640			
			Filing Date		December 14, 2001			
			First Named in	ventor	William Matz			
				Examiner Name		J. P. Ouelle	tte	
☐ Applicant claims:	small entity status. See	37 CFR 1.27		Art Unit		3629		
				Attorney Docke	t No.	BS01342	· · · · · · · · · · · · · · · · · · ·	
TOTAL AN	OUNT OF PAYM	ENT	<u>\$180.00</u>					·
METHOD OF PAYMENT (check all that apply)  ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other ☐ Deposit Account Deposit Account No. 19-2167 Deposit Account Name:								
The Director is authorized to: {check all that apply}  Charge fee(s) indicated below  Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Charge fee(s) indicated below, except for the filing fee								ept for the filing fee
			FEE C	ALCULATION				
1. BASIC FILING, S	SEARCH, AND EXA	MINATION FEE	<b>S</b>					
	FILING	FEES	SEA	ARCH FEES		EXAM	INATION FEES	
Application Type	Fee (\$)	Small Entity Fe	ee <u>Fee (\$)</u>	Small Entit (\$)	<u>y Fee</u> <u>Fee</u>	<u>∍ (\$)</u>	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	)	100	
Design	200	100	100	50	130	)	65	
Plant	200	100	300	150	160	)	08	
Reissue	300	150	500	250	600	)	300	<del></del>
Provisional	200	100	0	0	0		0	
2. EXCESS CLAIM FEES Fee Description Fee (\$) Small Enty Fee (\$)								
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Total Claims	Idilio	Extra Claims	Fee(\$)	Fee Paid (S	3)		Multiple Depende	
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HP=highest number of	of independent daim	ns paid for, if ore	ater than 3.					
•	•							
Indep. Claims	- 3 or HP =	Extra Claims	Fee (\$)	Fee Paid (\$	31			
HP=highest number of independent claims paid for, if greater than 3  3. APPLICATION SIZE FEE								
If the specification and ( (\$125 for small entity) fo	trawings exceed 100 s or each additional 50 si	heets of paper (e) heets or fraction th	xcluding electronically file nereof. See 35 U.S.C. 41	ed sequence or co I (a)(1)(G) and 37	mputer listings CFR 1.16(s).	under 37 CFF	R 1.52(e)), the application	size fee due la \$250.00
Total Sheets	- 100 =	Extra Sheets	/ 50	from	adus) v		Fee (\$)	Fee Paid (\$)
 4. OTHER FEE(S)	100 -		, 50		nd up) x			Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): Supplemental IDS \$180.00								
SUBMITTED BY:						Co	mplete (if applicable)	
Name (Print/Type)	Bambi F. Walter	8	Registration No. (Attorney/Agent)		45,197	1	Telephone:	(757) 253-5729
Sionature	FR. 2 4	elter	-		Date	July 8, 2	2005	